



State of Rhode Island  
**Department of State - Business Services Division**

Annual Report for the year: 2023  
 Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

**FILED**  
 MAY 11 2023  
 B: [Signature]

1. Entity ID Number <b>000030742</b>		2. Exact name of the Corporation <b>The Young Peoples School for the Performing Arts</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Teaching of theatre arts, Life skills, self esteem for grades 4-12</b>			
4. NAICS Code <b>011110</b>					
6. Principal Office Address <b>23 Cone Dr</b>			City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>DIANE Verdolotti</b>			Vice-President Name <b>Stephen Lowe</b>		
Street Address <b>23 Cone Dr</b>			Street Address <b>16 Fort Hill Rd</b>		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
Secretary Name <b>Sheila Caprice</b>			Treasurer Name <b>Stephen Lowe</b>		
Street Address <b>62 RACoon Hill Rd</b>			Street Address <b>16 Fort Hill Rd</b>		
City <b>West Greenwich</b>	State <b>RI</b>	Zip <b>02817</b>	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>MONIQUE LARAU</b>			Director Name <b>DANIEL LARAU</b>		
Street Address <b>19 Pamden Lane</b>			Street Address <b>19 Pamden Lane</b>		
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>
Director Name <b>Allison LARAU</b>			Director Name		
Street Address <b>19 Pamden Lane</b>			Street Address		
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative <b>DIANE Verdolotti</b>					Date <b>5/1/23</b>
Signature of Officer/Authorized Representative <i>[Signature]</i>					

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov